Wellmark® Iowa

MedicareBlue Supplement℠

Plans A, D, F, High Deductible F, G and N

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or after Jan. 1, 2018

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state.

Basic Benefits

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require members to pay a portion of Part B coinsurance or copayments.
- **Blood:** First three pints of blood each year.
- **Hospice:** Part A coinsurance.

Standard Medicare Supplement Plans

A	B	C	D	F	F HD	G
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance HD		Basic, including 100% Part B coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible
		Part B Deductible		Part B Deductible		
				Part B Excess (100%)		Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency

Plans shaded in gray are offered by Wellmark Blue Cross and Blue Shield of Iowa.

HD Plan F also has an option called a High Deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2,240 deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed $2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

Standard Medicare Supplement Plans continued

	K	L	M	N
Basic Benefits	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 copayment for office visit, and up to $50 copayment for ER
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
Part B Deductible				
Part B Excess (100%)				
Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
	Out-of-pocket limit $5,240; plan pays at 100% after limit is reached	Out-of-pocket limit $2,620; plan pays at 100% after limit is reached		

Plans shaded in gray are offered by Wellmark Blue Cross and Blue Shield of Iowa.

See Outlines of Coverage for details and explanations of the plans offered by Wellmark Blue Cross and Blue Shield.

MedicareBlue Supplement

Preferred Non-Tobacco Premiums

Premiums effective Jan. 1, 2018, for Iowa residents.

Applicants should refer to the 2018 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Men					Women				
	Plan D	Plan F	HD Plan F	Plan G	Plan N	Plan D	Plan F	HD Plan F	Plan G	Plan N
Age 64 & Under	$229.10	$255.50	$134.80	$223.70	$167.80	$202.60	$225.90	$119.20	$197.80	$148.30
Age 65	$127.40	$142.10	$75.00	$124.50	$93.30	$112.70	$125.70	$66.30	$110.10	$82.60
Age 66	$131.60	$146.70	$77.30	$128.40	$96.30	$116.30	$129.60	$68.40	$113.50	$85.20
Age 67	$135.60	$151.30	$79.80	$132.50	$99.30	$119.90	$133.80	$70.50	$117.20	$87.80
Age 68	$139.80	$155.90	$82.20	$136.60	$102.30	$123.60	$137.80	$72.80	$120.70	$90.50
Age 69	$144.30	$160.80	$85.00	$140.80	$105.60	$127.60	$142.20	$75.00	$124.60	$93.40
Age 70	$148.20	$165.30	$87.10	$144.80	$108.50	$130.90	$146.10	$77.10	$128.00	$95.90
Age 71	$160.80	$179.40	$94.60	$157.10	$117.80	$142.20	$158.60	$83.60	$138.90	$104.10
Age 72	$165.60	$184.80	$97.40	$161.80	$121.30	$146.40	$163.30	$86.20	$143.00	$107.20
Age 73	$170.50	$190.20	$100.30	$166.50	$124.90	$150.80	$168.10	$88.70	$147.30	$110.40
Age 74	$175.60	$196.00	$103.40	$171.60	$128.70	$155.40	$173.30	$91.40	$151.80	$113.80
Age 75	$181.00	$201.80	$106.50	$176.70	$132.60	$159.90	$178.50	$94.10	$156.30	$117.20
Age 76	$189.70	$211.50	$111.60	$185.20	$139.00	$167.70	$187.10	$98.70	$163.90	$122.80
Age 77	$199.20	$222.10	$117.20	$194.50	$145.80	$176.20	$196.40	$103.60	$172.00	$129.00
Age 78	$209.50	$233.90	$123.30	$204.80	$153.50	$185.20	$206.80	$109.10	$181.10	$135.80
Age 79	$219.90	$245.30	$129.50	$214.80	$161.20	$194.40	$216.90	$114.40	$190.00	$142.40
Age 80	$231.10	$257.70	$136.00	$225.70	$169.20	$204.30	$227.90	$120.10	$199.60	$149.70
Age 81 & Over	$255.30	$284.70	$150.20	$249.30	$187.00	$225.70	$251.70	$132.80	$220.40	$165.30

Premiums are based upon the most currently available Medicare deductible and cost-sharing amounts. These premiums are subject to changes in the Medicare amounts for covered cost-sharing and deductibles.

If you are applying for non-guaranteed issue Plans D, F, High Deductible Plan F, G or N during the following periods you do not have to answer health questions on the application: (1) within six months following the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B or (2) during a Guaranteed Issue Rights period.

MedicareBlue Supplement

Preferred Tobacco Premiums

Premiums effective Jan. 1, 2018, for Iowa residents.

Applicants should refer to the 2018 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Men					Women				
	Plan D	Plan F	HD Plan F	Plan G	Plan N	Plan D	Plan F	HD Plan F	Plan G	Plan N
Age 64 & Under	$252.00	$281.00	$148.30	$246.10	$184.60	$222.80	$248.50	$131.10	$217.60	$163.20
Age 65	$140.20	$156.40	$82.50	$136.90	$102.70	$124.00	$138.30	$72.90	$121.10	$90.80
Age 66	$144.70	$161.30	$85.00	$141.30	$106.00	$128.00	$142.60	$75.30	$124.90	$93.70
Age 67	$149.20	$166.50	$87.80	$145.80	$109.30	$131.90	$147.20	$77.50	$128.90	$96.60
Age 68	$153.70	$171.60	$90.40	$150.20	$112.60	$136.00	$151.60	$80.00	$132.80	$99.60
Age 69	$158.80	$176.90	$93.40	$154.90	$116.20	$140.30	$156.50	$82.50	$137.00	$102.80
Age 70	$163.00	$181.90	$95.80	$159.30	$119.40	$144.00	$160.80	$84.80	$140.80	$105.50
Age 71	$176.90	$197.30	$104.10	$172.80	$129.60	$156.40	$174.50	$91.90	$152.80	$114.50
Age 72	$182.20	$203.30	$107.10	$178.00	$133.40	$161.10	$179.60	$94.80	$157.30	$117.90
Age 73	$187.60	$209.20	$110.40	$183.20	$137.40	$165.90	$185.00	$97.60	$162.00	$121.40
Age 74	$193.20	$215.60	$113.70	$188.80	$141.50	$170.90	$190.70	$100.60	$167.00	$125.20
Age 75	$199.10	$222.00	$117.10	$194.40	$145.80	$175.90	$196.40	$103.50	$172.00	$128.90
Age 76	$208.70	$232.70	$122.80	$203.80	$152.80	$184.40	$205.90	$108.60	$180.30	$135.10
Age 77	$219.10	$244.30	$128.90	$214.00	$160.40	$193.80	$216.10	$114.00	$189.20	$141.90
Age 78	$230.50	$257.30	$135.70	$225.30	$168.90	$203.70	$227.50	$120.00	$199.20	$149.30
Age 79	$241.90	$269.90	$142.40	$236.30	$177.30	$213.80	$238.60	$125.90	$209.00	$156.70
Age 80	$254.20	$283.50	$149.60	$248.30	$186.10	$224.70	$250.70	$132.10	$219.60	$164.70
Age 81 & Over	$280.90	$313.20	$165.20	$274.20	$205.70	$248.20	$276.90	$146.00	$242.40	$181.80

Premiums are based upon the most currently available Medicare deductible and cost-sharing amounts. These premiums are subject to changes in the Medicare amounts for covered cost-sharing and deductibles.

If you are applying for non-guaranteed issue Plans D, F, High Deductible Plan F, G or N during the following periods you do not have to answer health questions on the application: (1) within six months following the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B or (2) during a Guaranteed Issue Rights period.

MedicareBlue Supplement

Standard Non-Tobacco Premiums

Premiums effective Jan. 1, 2018, for Iowa residents.

Applicants should refer to the 2018 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Men						Women					
	Plan A	Plan D	Plan F	HD Plan F	Plan G	Plan N	Plan A	Plan D	Plan F	HD Plan F	Plan G	Plan N
Age 64 & Under	$371.40	$298.70	$351.90	$183.00	$308.20	$234.70	$328.40	$264.20	$311.20	$161.80	$272.50	$207.50
Age 65	$157.80	$166.20	$195.80	$101.90	$171.50	$130.50	$139.50	$147.00	$173.20	$90.00	$151.70	$115.50
Age 66	$162.80	$171.60	$202.10	$105.00	$177.00	$134.70	$144.00	$151.70	$178.60	$92.90	$156.40	$119.10
Age 67	$168.00	$176.90	$208.50	$108.40	$182.50	$138.90	$148.60	$156.40	$184.40	$95.70	$156.40	$122.90
Age 68	$173.00	$182.30	$214.80	$111.60	$188.10	$143.10	$153.10	$161.20	$189.90	$98.80	$166.30	$126.60
Age 69	$178.50	$188.20	$221.50	$115.30	$194.00	$147.70	$158.00	$166.30	$196.00	$101.90	$171.60	$130.70
Age 70	$183.40	$193.20	$227.80	$118.30	$199.50	$151.80	$162.00	$170.80	$201.30	$104.60	$176.30	$134.20
Age 71	$199.10	$209.70	$247.10	$128.50	$216.40	$164.80	$175.90	$185.40	$218.60	$113.50	$191.40	$145.60
Age 72	$205.10	$216.00	$254.50	$132.20	$222.90	$169.60	$181.30	$190.90	$225.00	$117.00	$197.00	$150.00
Age 73	$211.00	$222.40	$262.00	$136.20	$229.40	$174.70	$186.60	$196.60	$231.60	$120.40	$202.90	$154.40
Age 74	$217.50	$229.00	$270.00	$140.40	$236.50	$180.00	$192.30	$202.60	$238.80	$124.10	$209.10	$159.20
Age 75	$224.00	$236.00	$278.00	$144.50	$243.50	$185.40	$198.10	$208.60	$245.90	$127.70	$215.40	$163.90
Age 76	$234.80	$247.40	$291.40	$151.50	$255.20	$194.40	$207.50	$218.70	$257.80	$134.00	$225.80	$171.70
Age 77	$246.50	$259.70	$306.00	$159.10	$268.00	$204.00	$217.80	$229.80	$270.60	$140.70	$237.00	$180.40
Age 78	$259.40	$273.30	$322.20	$167.40	$282.20	$214.70	$229.50	$241.60	$284.90	$148.10	$249.50	$189.90
Age 79	$272.20	$286.80	$338.00	$175.80	$296.00	$225.50	$240.70	$253.50	$298.90	$155.30	$261.70	$199.20
Age 80	$286.00	$301.40	$355.10	$184.60	$310.90	$236.70	$253.00	$266.40	$314.00	$163.10	$275.00	$209.40
Age 81 & Over	$315.90	$333.00	$392.20	$203.90	$343.50	$261.50	$279.30	$294.30	$346.70	$180.20	$303.60	$231.20

You do not have to answer health questions if you apply for Plan A.

Premiums are based upon the most currently available Medicare deductible and cost-sharing amounts. These premiums are subject to changes in the Medicare amounts for covered cost-sharing and deductibles.

If you are applying for non-guaranteed issue Plans D, F, High Deductible Plan F, G or N during the following periods you do not have to answer health questions on the application: (1) within six months following the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B or (2) during a Guaranteed Issue Rights period.

MedicareBlue Supplement

Standard Tobacco Premiums

Premiums effective Jan. 1, 2018, for Iowa residents.

Applicants should refer to the 2018 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Men						Women					
	Plan A	Plan D	Plan F	HD Plan F	Plan G	Plan N	Plan A	Plan D	Plan F	HD Plan F	Plan G	Plan N
Age 64 & Under	$408.60	$328.60	$387.10	$201.30	$339.00	$258.20	$361.20	$290.60	$342.30	$178.00	$299.80	$228.20
Age 65	$173.60	$182.80	$215.40	$112.00	$188.60	$143.60	$153.50	$161.70	$190.50	$99.00	$166.90	$127.00
Age 66	$179.10	$188.80	$222.30	$115.40	$194.60	$148.20	$158.40	$166.90	$196.40	$102.20	$172.00	$131.00
Age 67	$184.80	$194.50	$229.30	$119.20	$200.80	$152.80	$163.40	$172.00	$202.80	$105.20	$172.00	$135.20
Age 68	$190.30	$200.50	$236.30	$122.80	$207.00	$157.40	$168.40	$177.30	$208.90	$108.60	$182.90	$139.30
Age 69	$196.40	$207.10	$243.70	$126.80	$213.40	$162.50	$173.80	$183.00	$215.60	$112.00	$188.80	$143.80
Age 70	$201.70	$212.50	$250.60	$130.10	$219.40	$166.90	$178.20	$187.80	$221.50	$115.10	$193.90	$147.60
Age 71	$219.00	$230.70	$271.80	$141.30	$238.00	$181.20	$193.50	$203.90	$240.40	$124.80	$210.50	$160.20
Age 72	$225.60	$237.50	$280.00	$145.40	$245.20	$186.60	$199.40	$210.00	$247.50	$128.70	$216.70	$164.90
Age 73	$232.10	$244.60	$288.20	$149.80	$252.40	$192.10	$205.30	$216.30	$254.80	$132.50	$223.10	$169.90
Age 74	$239.30	$251.90	$297.00	$154.40	$260.10	$198.00	$211.50	$222.80	$262.70	$136.50	$230.00	$175.10
Age 75	$246.40	$259.60	$305.80	$159.00	$267.80	$204.00	$217.90	$229.40	$270.50	$140.40	$236.90	$180.30
Age 76	$258.30	$272.10	$320.60	$166.60	$280.70	$213.80	$228.20	$240.50	$283.60	$147.40	$248.30	$188.90
Age 77	$271.10	$285.70	$336.60	$175.00	$294.70	$224.40	$239.60	$252.70	$297.70	$154.70	$260.70	$198.40
Age 78	$285.40	$300.60	$354.40	$184.10	$310.40	$236.20	$252.40	$265.70	$313.40	$162.90	$274.40	$208.90
Age 79	$299.40	$315.40	$371.80	$193.30	$325.50	$248.00	$264.70	$278.80	$328.70	$170.90	$287.90	$219.20
Age 80	$314.60	$331.50	$390.60	$203.00	$342.00	$260.30	$278.30	$293.10	$345.40	$179.40	$302.50	$230.40
Age 81 & Over	$347.50	$366.20	$431.40	$224.30	$377.80	$287.70	$307.30	$323.70	$381.40	$198.20	$334.00	$254.30

You do not have to answer health questions if you apply for Plan A.

Premiums are based upon the most currently available Medicare deductible and cost-sharing amounts. These premiums are subject to changes in the Medicare amounts for covered cost-sharing and deductibles.

If you are applying for non-guaranteed issue Plans D, F, High Deductible Plan F, G or N during the following periods you do not have to answer health questions on the application: (1) within six months following the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B or (2) during a Guaranteed Issue Rights period.

Premium Information

Wellmark Blue Cross and Blue Shield can only raise your premium if we raise the premium for all policies like yours in this state. When we change the premium upon our implementation of a new table of premiums or a change in Medicare's benefit structure, your new premium will be based upon your age at the effective date of the premium change. If we do change your premium, we will notify you at least 30 days in advance. However, if you are applying for coverage within 60 days of a premium change with an effective date prior to the premium change, Wellmark will provide notice of the new premium within a reasonable period of the time after the enrollment of your application.

Disclosures

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to:

Wellmark Blue Cross and Blue Shield of Iowa
P.O. Box 14527
Des Moines, IA 50306-3527

If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs.

Neither Wellmark Blue Cross and Blue Shield of Iowa nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult *Medicare and You* for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Wellmark Blue Cross and Blue Shield may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

MedicareBlue Supplement Plan A

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Plan A Pays	You Pay
Hospitalization [1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,340	$0	$1,340 (Part A deductible)
	61st thru 90th day	All but $335 a day	$335 a day	$0
	91st day and after • While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
	• Once lifetime reserve days are used: – Additional 365 days	$0	100% of Medicare eligible expenses	$0 [2]
	– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care [1] You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	21st thru 100th day	All but $167.50 a day	$0	Up to $167.50 a day
	101st day and after	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

[1] A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Plan A Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare approved amounts)		$0	$0	All costs
Blood	First 3 pints	$0	All costs	$0
	Next $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	$0	$0

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare Parts A & B

Services		Medicare Pays	Plan A Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	$0	$0
	Durable medical equipment: • First $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	• Remainder of Medicare approved amounts	80%	20%	$0

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to change. Please consult the lates*t Guide to Health Insurance for People with Medicare.*

MedicareBlue Supplement Plan D

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Plan D Pays	You Pay
Hospitalization [1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,340	$1,340 (Part A deductible)	$0
	61st thru 90th day	All but $335 a day	$335 a day	$0
	91st day and after • While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
	• Once lifetime reserve days are used: – Additional 365 days	$0	100% of Medicare eligible expenses	$0 [2]
	– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care [1] You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
	101st day and after	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

[1] A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Plan D Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare approved amounts)		$0	$0	All costs
Blood	First 3 pints	$0	All costs	$0
	Next $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	$0	$0

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare Parts A & B

Services		Medicare Pays	Plan D Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	$0	$0
	Durable medical equipment: • First $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	• Remainder of Medicare approved amounts	80%	20%	$0

Other Benefits Not Covered by Medicare

Services		Medicare Pays	Plan D Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE	Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA • First $250 each calendar year	$0	$0	$250
	• Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare.*

MedicareBlue Supplement Plan F

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Plan F Pays	You Pay
Hospitalization [1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,340	$1,340 (Part A deductible)	$0
	61st thru 90th day	All but $335 a day	$335 a day	$0
	91st day and after • While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
	• Once lifetime reserve days are used: – Additional 365 days	$0	100% of Medicare eligible expenses	$0 [2]
	– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care [1] You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
	101st day and after	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

[1] A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Plan F Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First $183 of Medicare approved amounts [3]	$0	$183 (Part B deductible)	$0
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare approved amounts)		$0	100%	$0
Blood	First 3 pints	$0	All costs	$0
	Next $183 of Medicare approved amounts [3]	$0	$183 (Part B deductible)	$0
	Remainder of Medicare approved amounts	80%	20%	$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	$0	$0

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare Parts A & B

Services		Medicare Pays	Plan F Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	$0	$0
	Durable medical equipment: • First $183 of Medicare approved amounts [3]	$0	$183 (Part B deductible)	$0
	• Remainder of Medicare approved amounts	80%	20%	$0

Other Benefits Not Covered by Medicare

Services		Medicare Pays	Plan F Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE	Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA • First $250 each calendar year	$0	$0	$250
	• Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare.*

MedicareBlue Supplement High Deductible Plan F

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	After you pay $2,240 deductible Plan F[HD] Pays	You Pay
Hospitalization [1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,340	$1,340 (Part A deductible)	$0
	61st thru 90th day	All but $335 a day	$335 a day	$0
	91st day and after • While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
	• Once lifetime reserve days are used: – Additional 365 days	$0	100% of Medicare eligible expenses	$0 [2]
	– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care [1] You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
	101st day and after	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

[HD] This high deductible plan pays the same benefits as Plan F after you have paid a calendar year $2,240 deductible. Benefits from the High Deductible Plan F will not begin until out-of-pocket expenses are $2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

[1] A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	After you pay $2,240 deductible Plan F[HD] Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First $183 of Medicare approved amounts [3]	$0	$183 (Part B deductible)	$0
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare approved amounts)		$0	100%	$0
Blood	First 3 pints	$0	All costs	$0
	Next $183 of Medicare approved amounts [3]	$0	$183 (Part B deductible)	$0
	Remainder of Medicare approved amounts	80%	20%	$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	$0	$0

[HD] This high deductible plan pays the same benefits as Plan F after you have paid a calendar year $2,240 deductible. Benefits from the High Deductible Plan F will not begin until out-of-pocket expenses are $2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

NOTE: You may move to Wellmark's regular Plan F from High Deductible Plan F without answering health questions after twelve consecutive months of enrollment on High Deductible Plan F. You may only move during the Annual Enrollment Period, Oct. 15 – Dec. 7, for a Jan. 1 effective date.

Medicare Parts A & B

Services		Medicare Pays	After you pay $2,240 deductible Plan F[HD] Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	$0	$0
	Durable medical equipment: • First $183 of Medicare approved amounts [3]	$0	$183 (Part B deductible)	$0
	• Remainder of Medicare approved amounts	80%	20%	$0

Other Benefits Not Covered by Medicare

Services		Medicare Pays	After you pay $2,240 deductible Plan F[HD] Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE	Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA • First $250 each calendar year	$0	$0	$250
	• Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

[HD] This high deductible plan pays the same benefits as Plan F after you have paid a calendar year $2,240 deductible. Benefits from the High Deductible Plan F will not begin until out-of-pocket expenses are $2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

MedicareBlue Supplement Plan G

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Plan G Pays	You Pay
Hospitalization [1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,340	$1,340 (Part A deductible)	$0
	61st thru 90th day	All but $335 a day	$335 a day	$0
	91st day and after • While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
	• Once lifetime reserve days are used: – Additional 365 days	$0	100% of Medicare eligible expenses	$0 [2]
	– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care [1] You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
	101st day and after	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

[1] A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Plan G Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare approved amounts)		$0	100%	$0
Blood	First 3 pints	$0	All costs	$0
	Next $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	$0	$0

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare Parts A & B

Services		Medicare Pays	Plan G Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	$0	$0
	Durable medical equipment: • First $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	• Remainder of Medicare approved amounts	80%	20%	$0

Other Benefits Not Covered by Medicare

Services		Medicare Pays	Plan G Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE	Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA • First $250 each calendar year	$0	$0	$250
	• Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

MedicareBlue Supplement Plan N

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Plan N Pays	You Pay
Hospitalization [1] Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but $1,340	$1,340 (Part A deductible)	$0
	61st thru 90th day	All but $335 a day	$335 a day	$0
	91st day and after • While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
	• Once lifetime reserve days are used: – Additional 365 days	$0	100% of Medicare eligible expenses	$0 [2]
	– Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care [1] You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
	101st day and after	$0	$0	All costs
Blood	First 3 pints	$0	3 pints	$0
	Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

[1] A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Plan N Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare approved amounts)		$0	$0	All costs
Blood	First 3 pints	$0	All costs	$0
	Next $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	$0	$0

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare Parts A & B

Services		Medicare Pays	Plan N Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	$0	$0
	Durable medical equipment: • First $183 of Medicare approved amounts [3]	$0	$0	$183 (Part B deductible)
	• Remainder of Medicare approved amounts	80%	20%	$0

Other Benefits Not Covered by Medicare

Services		Medicare Pays	Plan N Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE	Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA • First $250 each calendar year	$0	$0	$250
	• Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

[3] Once you have been billed $183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

Premium payments may be made on a calendar month, calendar quarter, semi-annual calendar year, or calendar year basis. For example, a monthly premium would be for the first day of a month through the last day of such month. A quarterly payment would be for any calendar quarterly period, such as January 1 through March 31. A semi-annual payment would be for the period of either January 1 through June 30 or July 1 through December 31. An annual premium would be for January 1 through December 31 of the applicable year.

The amount of your periodic premium payment will change as provided in the policy and from time to time based on changes in your coverage, including but not limited to, changes in benefits, payment obligations (such as deductible, coinsurance and copayments), your age, or other factors that require adjustments to the total premium. These changes may occur at times other than an annual or other policy renewal.

If you elected to authorize automatic premium withdrawals from a deposit account, the automatic withdrawal will change periodically to correspond with the applicable premium. Your authorization for automatic premium withdrawals shall include authorization for automatic withdrawal of any changed amount unless you call or provide your bank with written notice not less than three (3) business days before a scheduled withdrawal to stop the payment. If you call your bank to stop payment, you may be required to provide a written request within fourteen (14) days after your call. You will be responsible for any fee assessed by your bank for stop-payment orders that you make.

MedicareBlue Supplement℠ is a Medicare Supplement insurance plan. MedicareBlue Supplement℠ is not connected with or endorsed by the U.S. government or the federal Medicare program.

Required Federal Accessibility and Nondiscrimination Notice

Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 800-524-9242. If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສ່ຶງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາ ສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deitsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တ၀်ဒုးသ့ဉ်ညါ–နမ့ါကတိၤကညီကျိ်.ကျိ်တ၀်မၤစၢၤတ၀်ဖံးတ၀်မၤတဖဉ်.လၢတဘဉ်လၢာ်ဘူးလဲ.ဆိဉ်လၢနဂီၢ်လီၤ.ဆဲးကျိုးဆူ ၈၀၀–၅၂၄–၉၂၄၂မ့တမ့ါ(TTY:၈၈၈–၇၈၁–၄၂၆၂)တကၠါ.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ । 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस् ।

ማሳሰቢያ: አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ እገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውለው ያነጋግሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maaɗa. Heɓir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojį' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

If you have questions or need additional information, call toll-free.

Not Enrolled: 800-336-0505

Already Enrolled: 800-245-6106

TTY hearing impaired users call 711

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